

From:

To: California Commission on
Improving Life Through Service
Attention: Fiscal Office
1110 K Street, Suite 210
Sacramento, CA 95814

Program Name _____ **Date** _____

Program Start Date _____

Number of AmeriCorps members currently enrolled AND Number of Hours Served during this Reporting Period:

FT (include EAO)	_____	Hours Served:	_____
PT (include EAO)	_____	Hours Served:	_____
2 YR PT (include EAO)	_____	Hours Served:	_____

Number of AmeriCorps members who left your Program AND Number of Hours Served during this Reporting Period*:

(* Do not include the same members in both sections.)	FT (include EAO)	_____	Hours Served:	_____
	PT (include EAO)	_____	Hours Served:	_____
	2 YR PT (include EAO)	_____	Hours Served:	_____

Grant Number _____ **Federal Tax ID#** _____

Period Claiming For _____	Final Claim	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Request Number _____ **Funds Requested** _____

Contact Person _____ **Phone Number** _____

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the Grant Award.

Program Director

OR

Financial Officer

Date

COMMISSION USE ONLY

CCILTS APPROVAL _____ **DATE** _____